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Date: <u>August 16, 2001</u>

Docket No.: 0104-0359P

Assistant Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

∰Sir:

4D

As authorized by the inventor(s), transmitted herewith for filing is a patent application applied for on behalf of the inventor(s) according to the provisions of 37 CFR 1.41(c).

Inventor(s): SILFVER, Violetta

For: METHOD AND DEVICE FOR TREATING INTER ALIA THE CERVIX

Enclosed are:

<u>X</u>	A specification consisting of <u>30</u> pages
X	9 sheet(s) of <u>formal</u> drawings
	Certified copy of Priority Document(s)
<u>X</u>	Executed Declaration in accordance with 37 CFR 1.64 will follow
	Applicant claims small entity status in accordance with 37 CFR 1.23
	Preliminary Amendment

_	<u>X</u>	Information Sheet											
_		Inform	mation Discl	osure Stater	ment, Pi	ΓO-1449 τ	with	n re	fer	end	ce(s)		
_		Applio	cation Data S	Sheet in acc	cordance	e with 3	7 CI	FR 1	.76				
_		Other									_		
_		Applio	cant requests	s early pub	lication	n							
-	The fi	ling fe	ee has been o	calculated a	as shown	n below:							
					LARGE	ENTITY		SMA	ĹĹ	ENT	TITY		
34{3	FOR	2	NO. FILED	NO. EXTRA	RATE	FEE		RA'	TE		FEE		
n II II No that there had then it	BASIC	FEE	*********		**** *****	\$710.00	or	***	*		\$355.00		
	TOTAL CLAIMS		51 - 20 =	31	x18 =\$	558.00	or	x :	9 =	\$	0.00		
Enk hall hon	INDEPENDENT		4 - 3 =	1	x80 =\$	80.00	or	x 4	0 =	\$	0.00		
THE PERSON NAMED IN		MULTIPLE DEPENDENT CLAIM PRESENTED <u>yes</u>				\$270.00	or	+13	5 =	\$	0.00		
- i	•				FOTAL \$1	1,618.00	•	TO:	TAL	\$	0.00		
X The application transmitted herewith is filed in accordance with 37 CFR 1.41(c). The undersigned has been authorized by the inventor(s) to file the present application. The original duly executed patent application together with the surcharge will be forwarded in due course.													
-	X A check in the amount of \$1,618.00 to cover the filing fee and recording fee (if applicable) is enclosed.												
The Government Filing Fee will be paid at the time of comple of the filing requirement.										mpletion			
Please charge Deposit Account No. 02-2448 in the amount of \$ A triplicate copy of this transmittal form is enclosed.													

BIRCH, STEWART, KOLASCH & BIRCH, LLP or Customer No. 2292 P. O. Box 747 Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000

No fee is enclosed.

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fees required under 37 C.F.R. 1.16 or under 37 C.F.R. 1.17; particularly, extension of time fees.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

By Margane (unitron (A No. 46, 064)
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